| AMENDMENT TRANSMITTAL LETTER  |   |   |                                   |                           |        | Docket No.<br>000687.0355 |                  |
|---|---|---|-----------------------------------|---------------------------|--------|---------------------------|------------------|
| Application No.<br>10/517,367   |   | Filing Date<br>August 26, 2005          |                                   | Examiner<br>M. P. Roberts |        | s                         | Art Unit<br>2873 |
| Applicant(s): Donald MILLER et al.  |   |   |                                   |                           |        |                           |                  |
|   |   |   |                                   |                           |        |                           |                  |
| Invention: METHOD AND APPARATUS FOR IMPROVING BOTH LATERAL AND AXIAL RESOLUTION IN OPHTHALMOSCOPY   |   |   |                                   |                           |        |                           |                  |
| TO THE COMMISSIONER FOR PATENTS   |   |   |                                   |                           |        |                           |                  |
| Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below. |   |   |                                   |                           |        |                           |                  |
| CLAIMS AS AMENDED   |   |   |                                   |                           |        |                           |                  |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present |                           | Rate   |                           |                  |
| Total Claims  | 17  | - 56 =                                  | 0                                 | х                         | 25.00  |                           | 0.00             |
| Independent<br>Claims   | 2   | - 8 =                                   | 0                                 | x                         | 105.00 |                           | \$210.00         |
| Multiple Dependent Claims (check if applicable)   |   |   |                                   |                           |        |                           |                  |
| Other fee (please specify):   |   |   |                                   |                           |        |                           |                  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:  |   |   |                                   |                           |        |                           | \$210.00         |
| Large Entity x Small Entity   |   |   |                                   |                           |        |                           |                  |
| x No additional fee is required for this amendment.   |   |   |                                   |                           |        |                           |                  |
| Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.   |   |   |                                   |                           |        |                           |                  |
| A check in the amount of \$ to cover the filing fee is enclosed.  |   |   |                                   |                           |        |                           |                  |
| Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                           |        |                           |                  |
| x The Director is hereby authorized to charge and credit Deposit Account No. 23-2185  |   |   |                                   |                           |        |                           |                  |
| as described below. A duplicate copy of this sheet is enclosed.   |   |   |                                   |                           |        |                           |                  |
| x Credit any overpayment.  x Criange as additional filing or application processing fees required under 37 CFR 1.16 and 1.17.             |   |   |                                   |                           |        |                           |                  |
|   |   |   |                                   |                           |        |                           |                  |
| Michael C. Greenbaum  Dated: October 10, 2007   |   |   |                                   |                           |        |                           |                  |
| Attorney/Agent  |   | ,419                                    |                                   |                           |        |                           |                  |
| BLANK ROME<br>600 New Ham<br>Washington, D  | pshire Ave., N                            |   |                                   |                           |        |                           |                  |
| (202) 772 5800  | ° Da                                      | mix - 12,                               | En                                | مساسها                    | - Par  | ~_                        |                  |
|   | 35  | - 12                                    | 6                                 |                           |        |                           |                  |
|   |   |   |                                   |                           |        |                           |                  |